

Case Number:	CM14-0185464		
Date Assigned:	12/01/2014	Date of Injury:	11/29/2013
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 37 year old female with an injury date on 11/09/2013. Based on the 10/14/2014 progress report provided by the treating physician, the diagnoses are: 1. Left shoulder subacromial bursitis/impingement 2. Left elbow lateral epicondylitis 3. Left carpal tunnel syndrome 4. Cervical radiculopathy 5. Cervical sprain/strain According to this report, the patient complains of "8/10 left shoulder pain, 6/10 cervical pain, and 6/10 left wrist / hand pain." Physical exam revealed spasm and tenderness of the cervical paraspinal muscles. Spurling's test, subacromial bursitis, and impingement test are positive. The cervical and left shoulder range of motion is decreased. Diminished sensation is noted at the left C6 dermatomal distribution. The 08/12/2014 and 09/09/2014 reports indicate patient's examination findings and pain scale is unchanged from prior report. The patient has been treated conservatively with physical therapy and TENS unit. The treatment plan is to refill medications, request for additional physical therapy and supplies for TENS unit. The patient's condition is "temporarily totally disabled for 4 weeks." There were no other significant findings noted on this report. The utilization review denied the request for TENS Unit and Hydrocodone 10/325 mg#60 on 10/31/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/24/2014 to 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS Unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TENS Units: Lumbar Spine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to the 10/14/2014 report, this patient presents with "8/10 left shoulder pain, 6/10 cervical pain, and 6/10 left wrist / hand pain." The current request is for TENS unit. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the provided records indication that the patient has neuropathic pain and used the TENS unit with benefit. "Patient does use TENS 5 days per week. TENS facilitates diminished in pain and improve tolerance to activity." In this case, the treating physician provided documentation of patient's functional improvement with the TENS unit. The current request is medically necessary.

Hydrocodone 10/325 MG 1 By Mouth 2-3 Times Per Day #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Medications for chronic pain, Criteria for Use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 10/14/2014 report, this patient presents with "8/10 left shoulder pain, 6/10 cervical pain, and 6/10 left wrist / hand pain." The current request is for Hydrocodone 10/325 mg 1 by mouth 2-3 times per day #60. This medication was first mentioned in the 05/08/2104 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per this report, the patient reports "heightened function with medication at current dosing." The patient indicates that "ADL's are maintained with medication including shopping for groceries, very light household duties, preparing food, grooming, bathing." The patient has "Nausea with hydrocodone." The treating physician indicates that the "patient understands the '4 A's' and is in compliance." A review of the provided reports shows documentation of analgesia with pain ranging from an 8/10 to 6/10. ADL's are discussed as above. Recent UDS was obtained with result of "positive" for hydrocodone. Adverse side effect was mentioned. In this case, the treating physician's report shows documentation of the four A's as required by the MTUS guidelines. Therefore, the request is medically necessary.

